

## **Children and young people's mental health and speech and language therapy**

### **January 2026**

#### **Key issues**

- Many children and young people with mental health conditions also have speech, language and communication needs (SLCN).
- NHS Digital research has found that those with a mental health disorder report having speech or language problems five times more than those without.<sup>i</sup>
- One study found that 81% of children with social, emotional and mental health needs have significant unidentified language deficits.<sup>ii</sup>
- 45% of young people referred to mental health services have been found to have language difficulties.<sup>iii</sup>
- Unsupported SLCN are a risk factor which may increase the likelihood that a young person will experience mental ill health.
- SLCN is often hidden and unidentified, preventing young people from accessing and benefiting from therapies such as cognitive behavioural therapy, which rely on language skills.
- Unmet speech, language and communication needs (SLCN) are linked to poorer life outcomes, including school exclusion, involvement in offending behaviour, and long-term mental health difficulties.

#### **Role of speech and language therapists**

- Speech and language therapists (SLTs) are essential across all levels of children and young people's mental health services — from prevention and early intervention to specialist and inpatient care.
- SLTs support the development of communication skills which are a protective factor for good mental health.
- They identify and support communication needs that can underlie or exacerbate anxiety, depression, behavioural issues, and self-esteem difficulties.
- SLTs help children and young people understand and express emotions, form relationships, and engage meaningfully in therapy.
- They also train and advise wider mental health teams on communication-inclusive practice, adapt therapeutic materials, and support families and educators to maintain consistent strategies.

- By addressing the communication barriers that often accompany mental health difficulties, SLTs improve access, engagement, and recovery outcomes across the whole system.

### **Why this matters**

- Addressing SLCN in children and young people is crucial to reducing exclusions, and breaking cycles of disadvantage.
- Embedding speech and language therapists in mental health pathways ensures public money is not wasted on therapies that cannot succeed without communication adaptation.
- Investment in early intervention can reduce demand on education, justice, and NHS services in the long term.

### **Why communication matters**

- **Risk factor:** Research suggests having language and communication difficulties can make children more vulnerable to anxiety, depression, behavioural difficulties, and psychosis.
- **Barrier to treatment:** Most psychological assessments and therapies depend on spoken language; children with unidentified SLCN may be unable to access diagnosis or treatment
- **Driver of exclusion:** Children with SLCN may have problems understanding what others say to them – for example, understanding instructions. They may appear to be uncooperative and disobedient, eventually resulting in school exclusion and, in extreme cases, criminalisation.
- **Protective factor:** Good communication skills help children to make friends and maintain relationships, regulate their emotions, and participate in education and society.

### **Current challenges**

#### ***Under-identification***

- SLCN is often a hidden disability; many children and young people go undiagnosed until crisis point.

#### ***Inequitable access***

- CAMHS often lack embedded speech and language therapy support.
- Variation between local areas leads to a “postcode lottery”.

### ***Workforce capacity***

- Speech and language therapy vacancies are high across England, limiting specialist input to mental health teams.

### **Recommendations**

#### ***Recognise SLTs as core to CAMHS***

- Embed speech and language therapists in all children and young people's mental health services.

#### ***Universal workforce training***

- All professionals working with children and young people should be trained to identify and respond to SLCN, and to understand the links between SLCN and mental health.

#### ***Adapt therapies for communication needs***

- Ensure NICE guidance on adapting interventions for children and young people with SLCN is fully implemented.<sup>iv</sup>

#### ***Research and investment***

- Fund further research on the impact of speech and language therapy in improving mental health outcomes for children and young people.

### **For more information**

- Visit: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/social-emotional-and-mental-health/>
- Contact: [elissa.cregan@rcslt.org](mailto:elissa.cregan@rcslt.org)

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<sup>i</sup> NHS Digital (2018). Mental Health of Children and Young People in England, 2017: Multiple conditions and wellbeing.

<sup>ii</sup> Hollo, A, Wehby, J.H. and Oliver, R.M. (2014). Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A MetaAnalysis. *Exceptional Children*, 80(2), 169-186.

<sup>iii</sup> Cohen, N., Farnia, F. & Im-Bolter, N. (2013) Higher order language competence and adolescent mental health. *Journal of Child Psychology and Psychiatry*. 54 (7), 733-744.

<sup>iv</sup> <https://www.nice.org.uk/guidance/ng213/chapter/recommendations-on-specialist-support-for-disabled-children-and-young-people-with-particular-needs>